



BEST AVAILABLE COPY

PATENT
450100-02102

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yoichiro Sako et al.
Serial No. : 09/406,486
For : INFORMATION DISTRIBUTING METHOD AND
SYSTEM
Filed : September 27, 1999
Examiner : Backer, Firmin
Art Unit : 3621

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Mail Stop AF Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450, on December 19, 2003.

Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler
Signature

December 19, 2003

Date of Signature

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GROUP 3600

AMENDMENT AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Final Office Action dated November 5, 2003,
please amend this application as follows.

✓



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Sir: Transmitted herewith is an amendment in the above-identified application.

- ___ No additional fee is required.
X The fee has been calculated as shown below.
___ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional fee |
|--------------------|--|-------|---|----------------------|-------------|--------------------------|
| Total claims | 26 | Minus | = 22 | 4 x | \$18(9) | = \$72.00 |
| Independent claims | 7 | Minus | = 7 | 0 x | \$84(42) | = \$ 0.00 |
| | | | Total additional fee for this amendment | | | \$ 72.00 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ___ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$72.00 is attached, which covers the cost of ☒ additional claims ___ petition for extension of time.
- ___ Charge \$__ to Deposit Account No. 50-0320.
- X Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler
Signature
December 19, 2003
Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

Gordon Kessler
By: Gordon Kessler
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